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**MOTOROLA**

**FAX TRANSMITTAL SHEET**

Motorola, Inc.  
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Number of Pages (including this page)

Date: March 29, 2006  
To: Examiner: Do, Chat C.  
Art Unit: 2193  
Location: United States Patent and Trademark Office  
Fax No.: 571-273-8300  
From: Attorney: Benjamin D. Driscoll Reg. No. 41,571  
Subject: Serial No. 10/057,694 Filed: 1/23/2002 Docket No. D02570

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**MESSAGE:**

Enclosed herewith, please find Pre-Appeal Brief Request for Review, Notice of Appeal, Petition for Extension of Time Under 37 CFR 1.13(a), and Fee Transmittal, for filing in the above-identified application.

**PLEASE GIVE THESE PAPERS TO:**

EXAMINER:	Do, Chat C.
GROUP ART UNIT:	2193
ATTORNEY DOCKET NO.:	D02570

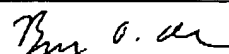
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MOTOROLA CHS LAW DEPT

MAR 29 2006

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P.10

Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4616) <b>FEE TRANSMITTAL</b> <b>For FY 2005</b> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>	
TOTAL AMOUNT OF PAYMENT		Application Number: 10/057,694 Filing Date: January 23, 2002 First Named Inventor: Chanchal Chatterjee Examiner Name: Do. Chat C. Group Art Unit: 2193 Attorney Docket No.: D02570	
(\$ ) 1520			
METHOD OF PAYMENT (check all that apply)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: 502117    Deposit Account Name: MOTOROLA, INC. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-203B.			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>			
FILING FEES		SEARCH FEES	
EXAMINATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	
Design	200	100	
Plant	200	100	
Reissue	300	150	
Provisional	200	100	
		Small Entity Fee (\$)	Fees Paid (\$)
		500	
		250	
		130	
		160	
		600	
		300	
		0	
		0	
		0	
		0	
<b>2. EXCESS CLAIM FEES</b>			
Fee Description		Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200	100
Multiple dependent claims		360	180
Total Claims: _____ - 20 or HP= _____ x _____ = _____ Fee Paid (\$) HP=highest number of total claims paid for, if greater than 20		Multiple Dependent Claims Fee (\$): _____ Fee Paid (\$): _____	
Indep. Claims: _____ - 3 or HP= _____ x _____ = _____ Fee Paid (\$) HP=highest number of independent claims paid for, if greater than 3			
<b>3. APPLICATION SIZE FEE:</b> If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets: _____ - 100 = _____ Extra Sheets: _____ /50 = _____ Number of each additional 50 or fraction thereof (round up to a whole number) x _____ Fee (\$): _____ Fee Paid (\$): _____			
<b>4. OTHER FEE(S)</b>			
Petition for 3 Mo Extension of Time Notice of Appeal		\$1020 \$500	
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type): Benjamin D. Driscoll		Registration No.: 41,571    Telephone: 215-323-1840	
Signature: 		Date: March 29, 2006	